

# REQUEST FOR REIMBURSEMENT

Please email the completed form to [bmvhearings.pdreimburse@maine.gov](mailto:bmvhearings.pdreimburse@maine.gov).  
For inquiries, please call 207-624-9000 Extension 52113 (TDD: 207-624-9105).

DATE OF REQUEST:  
DEPARTMENT NAME:  
ADDRESS:  
TELEPHONE NUMBER:  
CONTACT PERSON:  
MAKE CHECK PAYABLE TO:

BMV use only: **APPROVED FOR REIMBURSEMENT:** **DATE:**

[illegible]

GRAND TOTAL:

**FOR BMV USE ONLY**

VENDOR CODE:

DOC NUMBER:

01 012-29B-2220-042 4969

02 012-29B-2220-042 4970

**DOC TOTAL:**

BMV APPROVAL:

BMV APPROVAL: